2007 LIMITED LIABILITY COMPANY

Mar 07, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L03000023150 03-07-2007 90215 042 ****50.00 1. Entity Name PRC INVESTORS III, LLC Principal Place of Business Mailing Address 13777 BELCHER ROAD SOUTH 13777 BELCHER ROAD SOUTH LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01162007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 05-0574802 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIAZZA, JOHN J SR. Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER ROAD SOUTH LARGO, FL 33771 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Change C Delete ☐ Addition NAME PIAZZA, JOHN J SR. NAME STREET ADDRESS STREET ADDRESS 13777 BELCHER ROAD S. CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE NAME

STREET ADDRESS CITY-\$T-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANUS